

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-032852

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 187 Primary Registration District No. 5701 Registrar's No. 206

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

FILED SEP 11 1963

1. PLACE OF DEATH a. COUNTY LIVINGSTON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY LIVINGSTON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN GREENE TWP.		c. CITY OR TOWN UTICA	
Length of stay in 1b 20 YEARS		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1/2 Mi.W. of Utica		d. STREET ADDRESS 1/2 MI.W. of Utica	
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print): First JAMES Middle HARVEY Last BURGETT		4. DATE OF DEATH Month SEPTEMBER Day 6 Year 1963	
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2/6/1891
9. AGE (last birthday) 72		IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY FARMING	
11. BIRTHPLACE (City and state or country) HANNIBAL, MISSOURI		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME WILLIAM G. BURGETT		13b. MOTHER'S MAIDEN NAME DILLIE CAVEN	
14. NAME OF HUSBAND OR WIFE EVA BELL		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown) (If yes, give war or dates of service) NO	
16. SOCIAL SECURITY NO. [REDACTED]		17. INFORMANT Address MRS. EVA BURGETT:UTICA, MISSOURI	

18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute coronary occlusion Anteroseptal Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH 0
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE		

21. I attended the deceased from 9-4-63 to 9-6-63 and last saw him alive on 9-4-63
Death occurred at 4:00 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Joseph F. Gale M.D.	22b. ADDRESS Chillicothe, Mo	22c. DATE SIGNED 9-9-63
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 9/8/63	23c. NAME OF CEMETERY OR CREMATORY UTICA CEMETERY
23d. LOCATION (City, town, or county) UTICA, MISSOURI		

24. FUNERAL DIRECTOR NORMAN FUNERAL HOME:CHILLICOTHE, MO.	25. DATE RECD. BY LOCAL REG. Sep 8 9, 1963	26. REGISTRAR'S SIGNATURE Annalee Taylor
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(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS:
DATE AMENDED
ITEM NO. SHOULD READ
BY AFFIDAVIT OF
DOCUMENT

Permit not obtained:
Date handed k to Dr. 9/7/63
Date rec'd from Dr. 9/9/63
Date duly signed Sep. 9, 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

John A. Rodgers

Licensed Embalmer No. 4963

P. O. Address CHILLICOTHE, MISSOURI

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

DR. GALE